

MONTHLY INTERIM PAYMENT CLAIM for Drug /Medi-Cal State General Funds - Fiscal Year 1997-98

Completion Instructions for Form 7890 (7/97)

1. Check One for Each Line: Make sure that you check each line for the following areas:

- County or Direct Provider

- Non-Perinatal (20) or Perinatal (25)

- Non-Minor Consent or Minor Consent

2. Name and Address: Enter the name and address of county or direct provider.

3. ADP Contract Number: Enter the contract number assigned for Fiscal Year 1997-98 .

4. County: Enter the county name.

5 Mo/Yr. of Claim: Enter the month and year of when projected services will be provided.

6. Narcotic Treatment Programs (NTP):

a. Projected Units of Service: Enter the projected units of service that will be provided for the claimed month/year for each applicable type of service.

b. Cost Per Unit of Service: Enter the **fixed rate amount** for each applicable type of service.

c. NET CLAIM: For each applicable type of service, enter the amount based on the multiplication of the Projected Units of Service and the Cost Per Unit of Service.

d. Federal and State Share Sub-Total: Enter the total of all the NTP Net Claim amounts.

7. Other Drug/Medi-Cal Modalities:

a. Projected Units of Service: Enter the projected units of service that will be provided for the claimed month/year for each applicable type of service.

b. Cost Per Unit of Service: Enter the **amount up to the maximum allowance rate** for each applicable type of service.

c. NET CLAIM: For each applicable type of service, enter the amount based on the multiplication of the Projected Units of Service and the Cost Per Unit of Service.

d. Federal and State Share Sub-Total: Enter the total of all the Other Drug/Medi-Cal Modalities Net Claim amounts.

8. Grand Total: Enter the total of both Sub-Totals.

9. Signature of Fiscal Representative: To be signed by the authorized person.
10. Type Name of Fiscal Representative: Enter the typed name of the authorized person signing the form.
11. Date: Enter the date the authorized person signed the form.
12. Telephone Number: Enter the telephone number of the authorized person.
13. **Submit the completed forms to:**

**Department of Alcohol and Drug Programs
Fiscal Management Branch
1700 K Street, 4th Floor
Sacramento, CA 95814**

ADP PROGRAM CERTIFICATION

ADP staff will review request, calculate the State General Fund amount that will be reimbursed, and issue approval if acceptable. Upon approval, ADP staff will return an approved copy of the claim to the County or Direct Provider.

The State General Fund calculations will be made based on the following:

- a. For the time period July 1, 1997 through September 30, 1997 - multiply the Grand Total by 49.77%, including Perinatal Minor Consent, but not for Regular Alcohol/Drug Minor Consent (*).
- b. For the time period October 1, 1997 through June 30, 1998 - multiply the Grand Total by 48.77%, including Perinatal Minor Consent, but not for Regular Alcohol/Drug Minor Consent (*).

(*) For Regular Alcohol/Drug Minor Consent for the entire fiscal year - the same amount identified in the Grand Total will be identified in the State General Fund Total (100%).